CMS Incontinence Worksheet

Name:	Date:	
Summary of Urological History:		
	YES	NO
Have you had treatment for urinary tract disease suckidney disease, infections, tumors, injuries?		
Have you had repeated bouts with pyelitis?		
Is your urine every bloody?		
Is the volume of urine you usually pass large, avera very small?	age, small, and	
When you lose urine accidentally, are you ever not	aware that it is passing?	
Do you always have a severe sense of urgency befo	ore you lose your urine?	
Do you lose urine as a constant drip from the vaging	na?	
Did you have difficulty holding urine as a child?		
Is it usually painful or difficult to pass your urine?		
As a child did you wet the bed?		
Do you wet the bed now?		
Have you ever had paralysis, polio, and multiple so your back, cyst or tumor on your spine?	elerosis, a serious injury to	
Does the sound, sight or feel of running water cause	e you to lose urine?	
Is your loss of urine a continual drip so that you are	e constantly wet?	
Are you ever not aware that you are losing, or abou your urine?	nt to lose control of	
Is your clothing slightly damp, wet, or soaking wet, on the floor?	, or do you leave puddles	
Have you had an operation on your spine, brain, or	bladder?	
Do you find it frequently necessary to have your ur of a catheter because you are unable to pass it?	rine removed by means	

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Name:	Date:	
Do you lose urine in spurts during coughing, sneezing, laug	hing, lifting?	
Do you lose urine when you are lying down?		
Do you lose urine when you are sitting or standing erect?		
When you are urinating, can you usually stop the flow?		
Did your urine difficulty start after delivery of an infant?		
Did it follow an operation?		
Circle the type of operation: Hysterectomy,		
Abdominal incision;		
Hysterectomy, removed through the vagina;		
removal of a tumor,		
abdominal incision;		
vaginal repair operation;		
suspension of the uterus;		
cesarean section.		
If your menstrual periods have stopped, did the menopause condition more severe?	make your	
Is your control of urine good unless you cough, sneeze, laug	gh, lift or strain?	
Do you have difficulty holding urine if you suddenly stand from a sitting or lying down position?	erect	
Do you find it necessary to wear protection because you get		